

OCALA CRITICAL CARE & KIDNEY GROUP, INC.

NEW PATIENT REFERRAL WORKSHEET

Melvin M. Seek, MD Harold R. Locay, MD Suresh Lakshminarayanan, MD Izu E. Nwakoby, MD,  
Timothy W. Rogers, MD Mahesh K. Vaghela, MD Oleksandr Kovalchuk, MD Sailaja Ventrapragada, MD  
Venkat Chitumalla, MD Rebecca Ong, MD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
*Insurance Insurance*

ID#: \_\_\_\_\_ ID#: \_\_\_\_\_

REFERRAL INFORMATION

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Patient Knows Diagnosis & Prognosis?  Yes  No

**Please fax all PREVIOUS and CURRENT lab draws, any diagnostic studies and last three progress notes to 352-622-0525. We are unable to schedule an appointment without these records. If you have any questions, please call Abigail at 352-622-4231, ext: 213.**

**Thank you.**

Date of Referral: \_\_\_\_\_ Spoke to: \_\_\_\_\_

Comments: \_\_\_\_\_

Appointment scheduled on : \_\_\_/\_\_\_/\_\_\_ at: \_\_\_:\_\_\_ with Dr. \_\_\_\_\_

\_\_\_\_ Patient has been notified \_\_\_/\_\_\_/\_\_\_ . Paper work sent \_\_\_/\_\_\_/\_\_\_

\_\_\_\_ Unable to contact patient for appointment.

\_\_\_\_ Requesting additional records: \_\_\_\_\_

\_\_\_\_ Patient does not wish to schedule an appointment for the following reason: